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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.; Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RAD MARRIED. WIDOWED, (Month) (Day) Write the word) HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH (Asonth) (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mln. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF Vigned) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State yrs. Where was disease contracted. 14 THE ABOVE IS ZRU EDGE It not at place of death?. Former or usual residence (Address) 15 20 UNDERTAKER if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Månager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. FOR VED 001 1 0 1913 BUREAU, V. S.

BINDING FOR RESERVED MARGIN

PHYSICIANS should state of OCCUPATION IS very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. IDEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT 4 IS UNFADING INK-THIS See instructions on back of certificate. PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

N. B.

1 PLACE OF DEATH Gounty Calput 1226

12265

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[It death occurred in

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARIED, MUNICIPATION 6 DATE OF BIRTH (Month) (Day) (Yoar) 1 HEREBY CERTIFY, That I stranded cased from (Month) (Day) (Yoar) 1 HEREBY CERTIFY, That I stranded cased from (Month) (Day) (Yoar) 1 HEREBY CERTIFY, That I stranded cased from (Month) (Day) (Yoar) 1 HALL I last saw how allow on self that I last saw		FULL NAME Win Genry (Builen	give its NAME Instead of street and number.]
Model Colon (Marrie Colon) (Marrie Colon) (Month) (Day) (Year) O DATE OF BIRTH STATE (Month) (Day) (Year) TAGE (Month) (Day) (Year) If LESS than tag, min.? O CCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employer) SIRTHPLACE (State or country) (Secondary) (Month) (Day) (Year) The CAUSE OF DEATH* was as follows: Contributory (Secondary) (Duration) (Buration)	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	FDEATH
ODATE OF BIRTH (Month) (Day) (Year) If LESS than f day, hrs. OR min.? BOCCUPATION (a) Trade, protession, or particular kind of work (b) Beneral nature of Industry, Durant Co BERTHPLACE (State or country) 10 NAME OF FATHER OF THE STOF MY KNOWLEDGE 114 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE 115 Integrant Country (Integrant) (Month) (Day) (Year) (Tear) (Tear) (Tear) (Tear) (Tear) (Tear) (And I list saw h un alive on September of the date stated above, at me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me me that death occurred on the date stated above, at me that liast saw h un alive on Death occurred on the date stated above, at me that liast saw h un alive on Death occurred on the date	3 51	all and and whooved, while	(Month)	
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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (g)

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cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. nant neoplacins); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can death), 29 "Exhaustion," Never report Examples cause for

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00T 1 0 1913 BUMLLON V.S.

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PLACE OF DEATH	STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
	Registered No.
Village or City Nussling long (No. 2 FULL NAME Annie Ma	St: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married Willowers, Or Oliverce (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 A HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Don't Know	Sept 1, 1913, to Sept 2, 1913,
(Month) (Day) (Year)	that I last saw h alive on of f , 191 3
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 9
45 yrs. mos. ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Calmonly Imbolism
(a) Trade, protession, or particular kind of work	The month of
(b) General nature of industry,	and In
business, or establishmant lo which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
(State of country)	Sight 2 at (Ouration) yrs mos. ds.
10 NAME OF Jus, Muskall	(Signed) T.W. Zeith N.D.
	Seft 2, 1913 (Addrass) Lecting town
T IS BIRTHPLACE OF FATHER (State or country)	(Author)
12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Intermant) Level Chare	it not at place of death? Former or usual residence.
(Address) Luntus y town	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Ventury town Rept 3, 181 &
Filed, 191REGISTRAR	20 UNDERTAKER ADDRESS WI Houtelines Mr Haymon
if more blanks are needed, address State Registrar, 6 E	I. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (rctircd 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing fraction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) lnjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemla" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitlon," "Marasvalvular heart disease; Chronio interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of may be stated under the head etc. State (name origin; "Can-Examples: cause for



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS	
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Village or City Change (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred is a hospital or institution give its NAME losteau of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARKITO, WISCHES (WISCHES) OR BIVETO (Write the Word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, Than attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. yrs	that I last saw here alive on
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 2 MAIDEN NAME OF MOTHER (State or country)	Contributory (Secondary) (Secondary) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (Succidal, or Homicidal. (Succidal, or Homicidal. (Signed) (Signe
(Address) Chancy md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

helle Smiths
20 UNDERTAKER Sep 26
ADDRESS Filed Sept 26, 1913 REGISTRAR Chanes If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

5 originals

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Mannger," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

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injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the Never report



PHYSICIANS should state of OCCUPATION IS VERY RECORD Exact statement PERMANENT BINDING stated 4 properly classified. PLAINLY, WITH UNFADING INK-THIS IS should FOR AGE RESERVED of information should be carefully supplied.

* DEATH in plain terms, so that it may be see instructions on back of certificate. MARGIN B.—Every Item CAUSE OF

Important.

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	FULL NAME Mary Elizar Ha
	PERSONAL AND STATISTICAL PARTICULARS
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6 D	ATE OF BIRTH
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	. (Month) (Day) (Year)
AC	GE If LESS than 1 day,hrs. ORmio. ?
(b) busi whi) Frade, protession, or ritcular kind et work General nature of Industry, iness, or establishment to chemployed (or employer) IRTHPLACE tate or country)
(8)	tate or country)
	10 NAME OF FATHER SAME HOLL
ENTS	11 BIRTHPLACE OF FATHER (State or country) Med
PAR	12 MAIDEN NAME Julia Jurner
	13 BIRTHPLACE OF MOTHER (State or country)
	(Informant) Beg fros S
ì	(Address) Dunllardo Ind
5 Eile	Sept 8 1913 E. H. Minne

STATE OF MARYLAND CERTIFICATE OF DEATH

			52	
Registration	Dist.	No	0	-

Fit death occurred in

St.; Ward)	a hospital or institution, give its NAME lostead of street and number.]
MEDICAL CERTIFICATE OF DE	EATH
16 DATE OF DEATH) =
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	, ,,,
that I last saw h 4 alive on 44 4	,191 3
and that death occurred on the date stated abou	/e, atm,
The CAUSE OF DEATH* was as foliows:	culoris
Word = (Duration) yr	3nosds.
Contributory (Secondary)	sds.
(Signed) . N. Jallatt	. M. O.
5/2 8 , 1913 (Address) Sunt	Sill mil
*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	aths from VIOLENT whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTION RECENT, RESIDENTS) At place In the of death yrs mos ds. State yr Where was disease contracted.	
if not at place of death? Former or usual residence.	
Hale Corsel Chuch	FE OF BURIAL
20 UNDERTAKER ADE	RESS
Rober Word Frie	whip, me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for

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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," enquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainoma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds.: State cause for "Exhanstion," Never report Examples: FOI VIO



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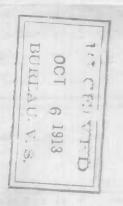
12270 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX S'SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) ORDIVERCED (Write the word) CERTIFY. That I attended degeased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country) ot death yrs. mos. ds. State yrs. ____ mos. ___ Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



W. S. No.

1	PLACE OF DEATH 12271	STATE OF MARYLAND
	101.4501	CERTIFICATE OF DEATH
	County Carolina (Registration Dist. No. 52
1	Village or City & Langville (No.	St.; Ward) [If death occurred in a hospital or institution
	* FULL NAME Mary & Rally	any Jones give its NAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Ternale While (Write the word)	16 DATE OF DEATH SE 1913. (Month) (Day) (Year) 17 (1) HEREBY CERTIFY, That, 1 attended deceased from
6 [OATE OF BIRTH Opil 26, 1840 (Month) (Day) (Year)	that I last saw her alive on Sept 8 1913.
7 A	GE 11 LESS than	and that death occurred on the date stated above, at 246 pm,
	73 yrs. 1) mos. 23 ds. or mio.?	The CAUSE OF DEATH* was as follows:
(8	OCCUPATION 1) Frade, profession, or Fourse Wife 1 tricular kind of work	malarial HEVET
bus) General nature of Industry, siness, or establishment in lich employed (or employer)	(Duratioo) - yrs mes, ds.
9 B	State or country)	(Secondary) (Diration) vrs mes de
	10 NAME OF Buchard Al Rawlings	(Signed) Lar 2 folon Wilson M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	SEAT 1913. (Address) Firewaship a a Co State the Disease Causing Death, or, in deaths from Violent
PARE	OF MOTHER MANY & WEEN X	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT PRINCENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place Io the of death yrs mos ds. State yrs mos ds.
14-	(Informant) mrs John, Fourler	Where was disease contracted, If not at place of death? Former or usual residence.
	(Address) Chaneyville, ms	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	Sprt 1913 EN Human	20 UNDERTAKER ADDRESS MA HERE
-	If more blanks are needed, address State Registral	111. 91-11000
	//	-, v wanted bu, Dato, mequesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important ample: Measles (disease causing death), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion,"



	Very	PLACE OF DEATH 12272	STATE OF MARYLAND
		County Calvert	CERTIFICATE OF DEATH Registration Dist. No. 57
RECORD	of OCCUPATION IS	Village or City Baretow (No	St.; Ward) [If death occurred a hospital or Institution give its MAME instead of street and number.]
2 2	at o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN	stateme	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Sept 9, 1913 (Month) (Day) (Year)
A PER	Exac	B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on rack / high
S IS	classifi	7 AGE 1f LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows: ,
NG IN	prop	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) Performance (State or country)	Contributory (Secondary)
ARGIN.Y, WITH	on back o	10 NAME OF FATHER Lenry Heal Confrather Lenry Heal Confrather Conf	(Signed)
RITE PLAINL	H in pl structio	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mcs ds. Where was disease contracted, if not at place of death? Former or
	CAUSE OF Important.	(Address) Bartow 16 Filed Sept 19, 1913 Selecting REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Carroll Church Sept 11 , 1913. 20 UNDERTAKER ADDRESS
⊭ z		11 more blanks are needed, address State Registra	r. 6 E. Franklin St. Balto. Requesting V 8 No. 1

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

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If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DCHANCE VS.

RECORD PERMANENT 4 IS UNFADING INK-THIS WITH PLAINLY. WRITE

PHYSICIANS ō statement EXACTLY. stated properly classified. be pinous AGE supplied. pe may 80 of be pinous Information jo CAUSE OF 0 ż

OCCUPATION Is very oarefully sup o that it ma f certificate. DEATH in plain terms, See instructions on back Important.

1 PLACE OF DEATH County.....

STATE OF MARYLAND CERTIFICATE OF DEATH

euls	ly			of street	NAME Inst
	MEDICAL	CERTIF	ICATE O	F DEATH-	
16 DATE OF	DEAD	1	7 A A \	60	, 191
π	1 HEREBY		Month)	(Day)	(Year)
Jus		0(10 , to	1.1.	16	. 191
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and that dea	th occurred o	n the da	te stated	above, at	104
The CAUSE	OF DEATH*	was as 1	ollows:		
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	once		1/1	mer	
			<u>/</u>	**************************************	**********
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Contribut (Secondar					***********
***********************) (Du	ration)/	yrs	nos
(Signed)	Well:		con		
Salat	7	man man manual o d			, M.
0 01	7, 191 5 (A				
CAUSES, st.	e DISEASE CA ate (1) MEAN	USING DI	MATH, Or,	(2) whether	N VIOLEN
TAL, SUICE	DAL, or HOMIC	CIDAL.	ozi, ana	(2) Whether	ACCIDEN
18 LENGTH	OF RESIDENC	E FOR H	OSPITALS,	INSTITUTIONS,	TRANSIENT
At place	RESIDENTS)		In the		
	yrs mos	ds.	State	yrs, :	mes
Where was dise					
Former or	t acatili		**************************************		**************

usual residence					
19 P. CE OF	BURIAL PR	REMOV	AL	DATE OF B	URIAL
19 pace of	BURIALOR	REMOV	e	Sifil	PIAL 191

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WHOOWED, ORDIVORCED (Write the word) 8 DATE OF BIRT (Month) (Day) (Year TAGE If LESS ! 1 day BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address' 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Pueereral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maraa ample: Mcastes (disease causing death), 29 affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and quality as Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLLAU, V.S.

No.

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PHYSICIANS should state of OCCUPATION Is very RECORD stated EXACTLY. PERMANENT properly classifled. pe pinoda UNFADING INK-THIS AGE carefully supplied. that It may be certificate. of information should be o See instructions on back of WRITE PLAINLY. CAUSE OF I 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

2FULL NAME.	oneres	00. 8	ILLES CEAN	
PERSONAL AND	STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE	OF DEATH
	OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the wor		(Month) (Day) (Year)
6 DATE OF BIRTH	(Month) (Day)	, 186/ (Year)	that I last saw h alive on	Pot 9 , 1913,
7 AGE 52 yrs	LeccKnown ds.	it LESS than t day,hrs.	and that death occurred on the date sta The CAUSE OF DEATH * was as follows	ted above, at 9.30 Pm.
(a) Trade, profession, or particular kind of work			(Duration) Contributory (Secondary)	
10 NAME OF FATHER ME	. R. Sances	\	(Signed) 6, 2, Ofice Sept 10, 1913 (Address) Rev.	
OF FATHER (State or country) 12 MAIDEN NAME	mt.		*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or in deaths from Wasser
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	med	· S	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place In the of death yrs mos ds. Stat	e
14 THE ABOVE IS TRUE TO		LEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
(Address)	Ende,	, ,	19 PLACE OF BURIAL OR REMOVAL All Baints Church	DATE OF BURIAL
Sept 10 and	3 Coffiture	cuair	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speci-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None, been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

"Contributory." which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Purperbal septichae mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train accisuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Are Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for Examples: 20



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A RESERVED MARGIN

W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
(July 12275	CERTIFICATE OF DEATH,
County	hull 30
Martin	Registration Dist. No.
Village or City (No(No	St.; Ward) [If death occurred in a hospital or lostitution.
	give its NAME instead
I amul man	of street and nomber.]
FULL NAME OFFICE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	(Month) (Day) (Year)
Male Con (or Divorces) (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191, to 191
NO 147 1000 5	March
(Month) (Day) (Year)	that I last Volument and the state of the st
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above atm,
yrsmosds. Opmin.?	The CAUSE OF DEATH * was as follows: " allowd
8 OCCUPATION	G 1 1 1
(a) Trada, profession, or	Like Harryhy
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Buration) Nee
which employed (or employer)	(Duration)grsmosds.
9 BIRTHPLACE (State or country)	(Secondary)
(State of country) Carry	(Departion) mos ds
10 NAME OF OI + C	Juster L. A. C.
FATHER GUILLE SMILL	(SIGNET) A. II.
OFFATHER OFFATHER	97, 191 5 (Address) 11444
Z (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) 12 MAIDEN NAME OF MOTHER WILLOW	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of Mother Walloce	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER OF MOTHER	OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs mos ds. State yrs mes ds.
14 THE ABOVE THE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Jehn 2000	Former or
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL
15 0 1	portetole off, 191
Filed Oct, 7 191 3 Georgafileron	20 Undertaker DDRESS
TOCA REGISTRAR	mis 1200 Moutuel
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite stlary), may be entered as statement. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Who are As examples: gaged in the "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of langs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Naras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the ", "Exhaustion," Never report Examples:



0	mation should be carefully supplied. AGF should be stated FXACTLY. P.	he e	pluid	As HO	A. Ac	supplier	Villily	Po	Pin	s ho
	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	A	SIS	-THI	INK	DNIC	UNFAI	TH	3	

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD N. B.

- 1	PLACE	OF	DEATH
	P	1	1-

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STATE OF MARYLAND CERTIFICATE OF DEATH

			4
Registration	Dist.	No	0

1				
No,			St.	Ward)
140,		*********	 🗢 C. 5	vvaid)
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//	' '//			

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	emale Chete Single, MARRIEO, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH LOS J9 , 1973 (Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	1913	, 191, to, 191,
	(Month) (Day) (Year)	that I last saw h alive on, 191
7 A	GE , If LESS than	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows;
	mos. ds. OR min. ?	4-7 C-+-
(a	CCUPATION) Trade, protession, or ticular kind of work	Dasho Culeriles
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)yrs,mos,ds.
9 B	RTHPLACE tate or country) Ind	Contributory (Secondary)
S	10 NAME OF Smith Smithe	(Signed) 7. The grant of the state of the st
ARENT	OF FATHER (State or country) The A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
	(Informant) Smith Smith	Where was disease contracted, It not at place of death? Former or usual residence
15	(Address) Done hed	Polace of BURIAL OR REMOVAL BATE OF BURIAL Roberry M & Church Sept 30, 1913
FII	ed Seff 29, 191 3 Shilling	20 UNDERTAKER , ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc...

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BINDING 20 RESERVED MARGIN

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certificate. to

PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY stated 4 classified. should THIS properly AGE INK supplied. UNFADING carefully that it 0 WITH pe plain terms, lons on back should PLAINLY, Instructions of information DEATH In WRITE See CAUSE OF Important. 12277

STATE OF MARY	LAND
CERTIFICATE OF	
Registration Dist.	
St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF D	EATH
16 DATE OF DEATH July 2 (Month)	29, 1913 (Day) (Year)
17 I HEREBY CERTIFY, That I stt	
, I9I, to	, 191,
hst I last saw hsilve on	
nd that death occurred on the date stated sho the CAUSE OF DEATH* was as follows:	,
(Ouration)y	rsds.
Contributory(Secondary)	
(Deration))	rsds.
Signed) . M. Marg	, M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HE OR RECENT RESIDENTS)	SPITALS, INSTITU	TIONS, TRANSIENTS
At place of death yrs mos ds. Where was disease contracted,	In the State yrs.	mcs ds

If not at place of death?

Former or usual residence.

Spring M & Church	DATE OF BURIAL
0	

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, WIDOWED, Write the word) 6 DATE OF BIRTH thst (Day) (Month) If LESS than 7 AGE and 1 day,hrs. The OR ? 6 OCCUPATION (a) Trade, profession, or

particular kind of work (h) General nature of Industry,

business, or establishment in which employed (or employer)

State or country)

ARENT

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

KNOWLEDGE

15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinoscipality

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SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT properly UNFADING iddns certificate. 0 WITH back plain Instructions = EATH jo D Item HO mportant. CAUSE

state Very

12278 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in (No. -Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day.....hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE 6., 191.3. (Address)... OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or countr ot death ____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20-UNDERTAKER ADDRESS

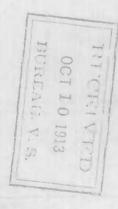
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: (0)

Statement of cause of death—Name, first, the Disease Causing Dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Can Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



important.

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		L NAME				
	PERSO	NAL AND S	TATISTICA	L PAR	TICULA	RS
2	ex nale	4 COLORO	HAGE	MARRIE WIDOWI ORDIVO (Write	ED. 0)	ingle
D	ATE OF BIRT	" Sept	(Month)	4	Day)	, /(Year)
A	3E			,	ds.	It LESS than 1 day,hrs. ORmin. ?
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pai (b) busi whi	Trade, profession ficular kind of w General nature oness, or estable ch employed (or RTHPLACE tate or country 10 NAME O FATHER	n, or ork	non m		ir L Be	ee

if more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.37

St; Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

		7		
16 DATE	OF DEATH	ist.	11	191
		(Month)	(Day)	(Year)
17	I HEREBY	CERTIFY, That	I attended dec	eased fre
************	, 19	1, to	*****************************	, 191
that I las	t saw h all	ve on	•••••	, 191
and that	death occurred o	n the date atated	above, at	
The CAUS	SE OF DEATH*	was as follows:		
2/10	· Chi	- 1 4-	n. br	سير
- Francisco				-/ /
Af Day	177 alu	why who	answer L	. Ludweg.
n				*************
	41 da	7 (Duration)		
*************	/	(Ouration)	yrsm	OS
	lbutory/ ndary)	· · · · · · · · · · · · · · · · · · ·		•••••••
	A	(Duration)	yrsm	os
(Signed)	407	eite	e fo	
(SIEHER)	0	a manager assess		, М.
ONNI	/ / 191 (A	ddress) 4ccu	Lugh	wy
*State	e the DISEASE CA	DSING DEATH, OF	in deaths from	VIOLEN
CAUSES,	state (1) MEAN	S OF INJURY; an	d (2) whether	ACCIDE
18 LENGT	TH OF RESIDENC	E (FOR HOSPITALS	.Institutions,	TRANSIEN
At place	CENT RESIDENTS)	In the		
	yrs mos		угз п	os.
	disease contracted.		, m	
	ace of death?	*******************		***************
Former or usual reside	ence	***************************************		
19 PLACE	OF BURIAL OR	REMOVAL	DATE OF BU	RIAL
Hu	etingt	2	< 11	6. 191
20 UNDE			ADDRESS	
10			1/	

[Approved by U. S. Census and American Fublic Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (relired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmine, etc. Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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FOR RESERVED MARQIN

PHYSICIANS should state of OCCUPATION Is very RECORD statement PERMANENT 4 UNFADING INK-THIS properly AGE may be 0 0 DEATH in plain terms. See instructions on back of Information

certificate.

CAUSE OF Important.

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	ounty Calvart Charles (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to a hospital or institution give its NAME losteat of street and number.]		
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 51		16 DATE OF DEATH Left / 1913 (Month) (Day) (Year)		
	ATE OF BIRTH Jane Luckum, 1844 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191		
(a) pai (b) bus	GE 69 yrs. 2 mos. ds. or law.mie.? CCUPATION) Frade, prefession, or ricular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	and that death occurred on the date stated above, at		
9 B	10 NAME OF	Contributory (Secondary) (Deration) yrs mes ds.		
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Ai place in the of death yrs. mos. ds. State yrs. mos. ds.		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank Watkings	Where was disease confracted, if not at place of death? Former or usual residence		
15	(Address) Charley	Hall's Creek Church Sept Z, 1913		

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekccpers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the

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BINDING

PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT **EXACTLY** properly AGE supplied. pe may certificate. that it 80 Jo terms, on back should UO plain Instructions of Information 드 DEATH WRITE See CAUSE OF important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le St :----Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day hrs OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. State Where was disease contracted. If not at place of death? ... Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 7 1913 BUMLAUV S.